New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts

November-December 1984

Craftsmen employ their skills at the Deaconess

"Our carpenters do a little bit of everything" — Tony Graffeo, foreman

Hospital employees usually know whom to notify when a problem or need arises. If a patient is admitted with an unexpected medical problem, a physician is called. When a patient has unusual nutritional needs, a clinical dietician is notified. And if the results of a blood test are needed immediately, the sample is sent to the stat lab. But who gets called to build a cabinet or renovate a room? A Deaconess carpenter.

The NEDH Engineering and Maintenance Department includes six carpenters and two cabinetmakers who do all types of woodworking — from hanging shelves to remodeling rooms. Carpenters do most of the major construction, while cabinetmakers most often design and build cabinets and countertops. Both perform simpler tasks when they are between big projects.

Tony Graffeo, carpenter foreman, says, "Every one of our carpenters does a little bit of everything. They work on the larger remodeling projects like the lobby, and they do smaller jobs like hanging shelves or fixing doors. Some people prefer working on larger projects because it keeps them occupied for long period of time; some prefer performing smaller tasks because it's less complicated. We try to rotate people so that everyone gets a chance to do what he likes."

Henry Lindblom has worked as a cabinetmaker at the Deaconess for four years. He says, "I prefer working on larger projects because I can produce faster. When I am doing a large volume of work there are usually a lot of similar pieces, so I can cut them all out at the same time. Plus, I like working on a job that will take several days or weeks to complete rather than a job that can be completed in an hour."

When a request is made for a large

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Harry Lindblom routes the formica edge of a countertop.

New meal delivery system will cut costs

Denise Fenelon puts a plate on a new heat retaining base that will keep the meal hot until it is delivered to a patient.

Heat retaining tray bases and covers and a change from cold to hot food assembly are part of a new system for delivering patient meals. The changes will streamline food preparation and result in substantial cost savings to the hospital.

Previously food was partially cooked in the kitchen and refrigerated, then the patient trays were assembled cold. Trays were transported in refrigerated carts to the floors, where cooking was completed on a tray-by-tray basis in microwave ovens.

With the new system, introduced in early November, food will be completely cooked in the kitchen and meals assembled with hot food. The new tray bases and covers will keep the food hot until it is delivered to the patients.

"The old system was very labor intensive because each meal was reheated individually," says Joyce Tower, director of Dietetics. "By reducing staffing needs, the new program should result in savings of $200,000 a year. Our department already had made adjustments in food and supplies to meet cost containment guidelines, but this was the only way we could make further significant reductions."

Although one of the results of the change will be a reduction in staff, no employees will lose their jobs. "We'd anticipated this for some time," Tower says. "A number of our long-time employees took advantage of last year's early retirement program, and we were able to use the openings this created to begin our staffing reductions. By juggling some shift assignments, offering transfers and options such as job sharing, and through normal attrition, we will be able to achieve our goal without layoffs. As a matter of fact, we're recruiting part-time workers right now."

The new system requires fewer steps in preparing meals (a single cooking instead of heating, cooling, and reheating), but other aspects of production will be more complex. Because the food must be kept hot throughout assembly, the timing of each production step is crucial. The centralization of the cooking, however, will permit greater control of food quality.

"The biggest single issue we faced in making this change was not losing our patient-centered care," Tower says. "When we had more people on the floors, we could handle individual requests easily. Now there will be a greater need to coordinate with the nursing staff, to make it a collaborative effort. We're going to lose some of our flexibility, but we don't want to burden others. The cooperation and suggestions we've received from nursing and other departments will help us insure that patients continue to receive quality care and quality meals."

One other result of the change will be the reintroduction to the menu of some items that could not be prepared satisfactorily under the old system. "For example," says Tower, "grilled cheese sandwiches, which are very popular with patients, can't be cooked in a microwave because the cheese melts and runs over the plate. Now we can offer them again."

Dunphy to manage Social Service

Mary L. Dunphy

Mary L. Dunphy has been appointed manager of Social Service. She will oversee 12 social workers who counsel patients and their families on ways to deal with the emotional turmoil which accompanies an acute or chronic illness.

"The department staff here is a professional, sensitive, competent group who work hard to serve NEDH patients," Dunphy says. "We look forward to working together to improve our delivery of services and hope to take on an increased role in providing consultation and education to other members of the health care team."

Director of Social Service at Women and Infants Hospital of Rhode Island in Providence since 1981, Dunphy previously had been administrative assistant to the director of Social Service at Boston Hospital for Women (now part of Brigham and Women's Hospital).

"I'm very happy to be at the Deaconess," she says. "The gracious welcome I have received from everyone speaks well of the character of the institution. I'm also glad to be back in the Longwood Medical Area. I've had a lot of good relationships with the social service people at Children's and the Brigham and look forward to working with them to develop new programs."

Dunphy is a graduate of Emmanuel College in Boston and holds a Master of Social Work from Boston University and a Master of Business Administration from Bryant College, Smithfield, Rhode Island.

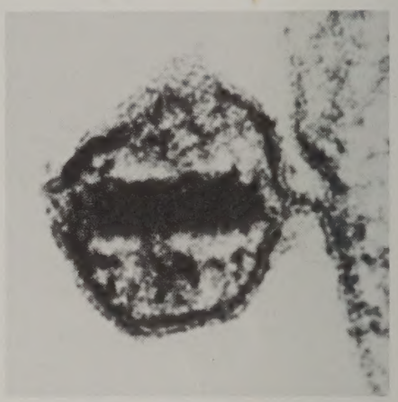
NEDH research finds AIDS virus in saliva

A study headed by NEDH physician Jerome Groopman, M.D., has found the virus HTLV-III, believed to cause acquired immune deficiency syndrome (AIDS), in saliva from patients with a less serious condition known as AIDS-related complex (ARC) and apparently healthy homosexual men, who are at risk for the disease.

Because AIDS appears to be transmitted through intimate sexual contact or by contaminated blood or hypodermic needles, the discovery of the virus in saliva caused public speculation about the dangers of more casual contact — such as touching or kissing — with possible AIDS carriers.

Groopman says, "Absolutely no evidence that I have seen indicates that people risk contracting AIDS from casual contact. If people could get AIDS from someone sneezing on them or handling their food, we would be seeing more people with antibodies to HTLV-III, which indicates exposure to the virus. There is no evidence of any frequency of exposure outside the established risk groups for AIDS." Risk groups are homosexual and bisexual men, intravenous drug abusers, hemophiliacs, and recent Haitian immigrants.

The study's findings do give important information on how the virus is distributed in body fluids and may prove useful in the diagnosis or prognosis of patients. Groopman says that current studies are looking at how the virus affects different people — particularly why some develop AIDS or ARC, others do not become ill but may be carriers, and some seem to be completely immune to the virus.



The discovery of HTLV-III virus, the probable cause of AIDS, in saliva may lead to a better understanding of how the virus infects people.

Craftsmen *(continued from page 1)*

project, Graffeo forwards the approved requisition to a draftsman, who draws up preliminary plans. Graffeo and the carpenter or cabinetmaker assigned to the project review the initial drawing, modifying measurements and adding fine details when necessary. The drawing is then sent to the requesting department for review, and returned to the draftsperson, who makes a final sketch.

Less complicated jobs — such as storage cabinets or countertops — are often designed by the cabinetmakers themselves. Lindblom recently designed and crafted a large, traditional-style desk for the Department of Anaesthesia. He says, "I enjoyed working on the desk very much. Designing a desk was a real challenge. Although I like building cabinets and countertops, the work is all fairly similar. But the desk project was something different and very interesting."

Before coming to the Deaconess, Lindblom worked building kitchen cabinets, which he said, "is pretty routine stuff." He spotted a newspaper advertisement for a hospital cabinetmaker and applied. "I didn't even realize hospitals had cabinets shops," he says, "but I enjoy working here because I often work on my own. I receive a blueprint and a final set of measurements for a particular job and then I'm left alone to produce the product."

Though the carpenters and cabinetmakers usually are able to work independently and at their own pace, they often jockey their schedules so their work does not interfere with patient care. For example, carpenters currently renovating two of the operating rooms can work on the project only at odd hours when the suites are not in use.

Carpenter John Raples, who worked as an independent builder for 33 years before coming to the Deaconess three years ago, says, "The only thing I really had to adjust to was working around patients schedules. But the patients here do come first. We have to adjust to their schedules — they can't adjust to ours."

Raples recalls an experience that occurred shortly after he joined the Deaconess staff. He was repairing an operating room door and happened to glance through one of the windows: "We rarely work in areas where there are patients — unless it's to put up a mirror or soap dispenser in one of the rooms — so the last thing I expected to see when I looked in was an operation. But there it was, and it was a big surprise. That is something you don't see every day."

Graffeo says, "It's sometimes difficult working in a hospital — you have to try to be as inconspicuous as possible, which can be very difficult considering the type of work we do. But everybody is very friendly. People always ask a lot of questions about what's going on and what we're doing."

The Deaconess carpenters' recent projects include the Farr lobby renovations; the addition of handicapped bathrooms on Deaconess 4; and the remodeling of operating rooms 9 and 10, which includes replacing oxygen and suction fixtures, overhead door closures, and flooring. They recently completed the construction of a new EEG unit on Palmer 1, where they knocked down and rebuilt many of the walls and windows.

Says Graffeo, "Our larger projects are very time-consuming and require a lot of skill and craftsmanship. But the carpenters are enthusiastic about their work and always produce things they can be proud of."

Generous benefactors make pain center a reality

With the ever-expanding base of knowledge in medical science and technology, hospitals are eager to provide patients with the most up-to-date services. But having the expertise necessary to provide such services is not enough; hospitals need funding, and in the current health care environment, money is not always readily available.

The William P. Arnold Pain Treatment and Research Center — a division of the New England Deaconess Hospital — is an extension of the hospital's pain consultation service. Directed by Melvin J. Krant, M.D., department of Medicine, the center has two main components: research and treatment of chronic pain.

Research focuses primarily on understanding how pain operates — the role of the brain and spinal cord, and the psychological phenomenon created by pain.

Treatment, for the most part, involves cancer patients with severe pain syndromes; patients with diabetic neuropathy (disease of the nervous system); and those suffering from pain associated with post-viral neuropathy. Krant says, "I suspect that almost all of the patients we treat will be involved in research of one kind or another. We will treat their pain, but we will go one step further — testing new medications and new approaches to pain."

The center, formalized six months ago, came about as a result of the generous fundraising efforts made on behalf of the late William P. Arnold, former chairman of the board of Associated Dry Goods Corporation, the parent company of Lord & Taylor, Caldor Inc., Loehmann's Inc., and other retail companies. Arnold, who suffered from carcinoid (a type of tumor with severe pain), had been a long-time patient of Krant's, and wanted to demonstrate his gratitude in some way.

Krant says, "As Bill Arnold and I talked about what he could do, the notion of pain research became very evident to both of us. Because of the nature of his illness, and the essence of his personality, he was instrumental in fashioning the center."

Arnold, with his family, friends, and business associates, was committed to the effort to improve the lives of people suffering from chronic and severe pain. A committee composed of Arnold; his wife, Barbara; Krant; Joseph E. Brooks, chairman of the board of Lord & Taylor; and Sidney Stogel, a close friend of Arnold's, worked to make the Arnold Pain Center a reality. Brooks spearheaded a major fundraising drive, with contributors making pledges and attending a formal dinner held on October 17 at the Waldorf Astoria in New York. At that time, donations totalled more than $3 million.

Roger A. Perry Jr., NEDH associate director, says, "The money raised has been mainly the result of Mr. Brooks' leadership; and it is expected that each year, additional contributions will come to the center. The Arnold Pain Center will aid us in providing the best possible care to our current patients; in attracting more patients; and in enhancing the hospital's reputation as a leading tertiary care institution."

Krant says, "Hospitals have multiple missions. Certainly one is caring for the sick; another is teaching; and a third is expanding the frontiers of scientific knowledge. A good university-based hospital like the Deaconess must be on the cutting edge of new investigation and new research, and must open up new horizons in medicine. The Arnold Pain Center hopes to do this."

The NEDH booth at the sixth annual Mission Hill Fair offered health information, as well as "make a face" surgical masks and "color your own" identification bands. Helene Conti (center left) and Carla Cassens (center right) from the DTU offered blood sugar screening, and Susan Mugnier (right) of the Blood Bank did blood typing.

Walingunda named Young Internist of 1984

Judith A. Walingunda, M.D., a member of the NEDH Department of Medicine, has been named 1984 Young Internist of the Year by the American Society of Internal Medicine (ASIM). The award is given to a member of the organization who has "made outstanding achievements in the socioeconomics of medicine and furthered the goals and objectives of the Society." She is the thirteenth physician and first woman to receive this award.

ASIM is a Washington-based federation of 51 component societies representing internists nationwide. The society is concerned with the social, economic, and political factors affecting the delivery of high quality medical care in America.

Walingunda was cited particularly for her leadership within the society, including her contributions as chairman of the society's public relations advisory committee, which includes responsibility for a national public education campaign to clarify and promote the role of the internist.

"There is a problem in that people really don't know what internists do," says Walingunda. "A survey showed that only 13 percent have an accurate idea of the internist's role. Some people think they are interns [physicians in the first year of post-graduate training], or some kind of surgeons, or only for people who are terribly ill."

Internists are specialists in adult medical care, just as pediatricians specialize in the care of children. They provide routine, preventive care, serving as their patients' primary physicians.

Walingunda says, "It strikes me as curious that many women get their primary health care from their gynecologist. If a woman took her child to a pediatrician and the doctor only did a pelvic examination and said 'your child is just fine,' the mother would be horrified. She'd think she'd been shortchanged and wonder how that could be a complete assessment of her child's health, growth, and medical status. Yet millions of women accept it as standard care for themselves."

As part of the campaign, materials are provided to internists to help them increase patient awareness. "The theme of the program is 'Communication is good for your health,' " Walingunda says. "We want to emphasize the importance of open discussion between patient and physician, of good history-taking, and of the patient's understanding of what's happening in the examination. Emphasizing communications can maintain the personal aspect of medical care, while also bringing out more diagnostic information."

"Communication can maintain the personal aspect of medical care" — Judith A. Walingunda, M.D.

Walingunda, who completed her residency in internal medicine at the Deaconess, is a member of the faculty and the admissions committee at Harvard Medical School.

Employees honored for 25, 30 years of service

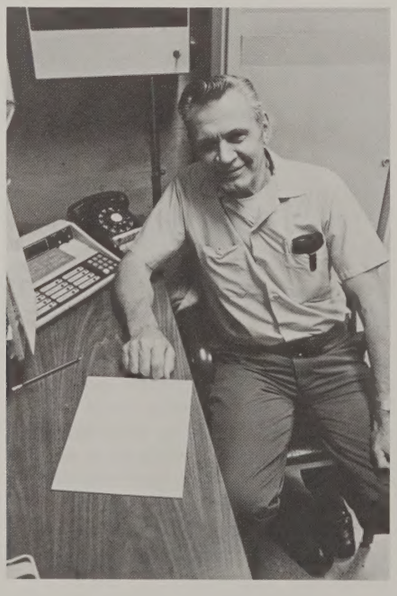
Dedication to an institution involves more than just putting in hours. Four long-time Deaconess employees, recently honored for major service anniversaries, have made a difference by caring — about patients and about the quality of their work.

When Polly Cofield joined Building Services as a ward aide 30 years ago, she thought it would be "just a temporary job." Today she is a building services supervisor in charge of Kennedy Hall and the Diabetes Treatment Unit located at the Joslin Diabetes Center.

"I always enjoy meeting and talking to people," she says. "We've had patients from all over the world and a few celebrities. It's quite interesting and always a challenge. You never know what is going to happen from one day to the next.

"I've seen a lot of changes. The Deaconess used to be like a family, but now it's spread out like a little city. I've watched buildings like Francis Street, the Joslin, and Kennedy Hall built from the ground up."

Mary Hennessey helps patients deal with the financial aspects of hospitalization.



Herb Anderson monitors essential hospital equipment throughout the night.

Cofield thinks that one of the most important aspects of her work is having pride in her job. "By gaining the respect of the doctors, nurses, and other people I have contact with, I can let them know how important Building Services is."

Herb Anderson has worked nights for most of his 25 years in Maintenance. He says he loves working at night, "but no one on days knows me."

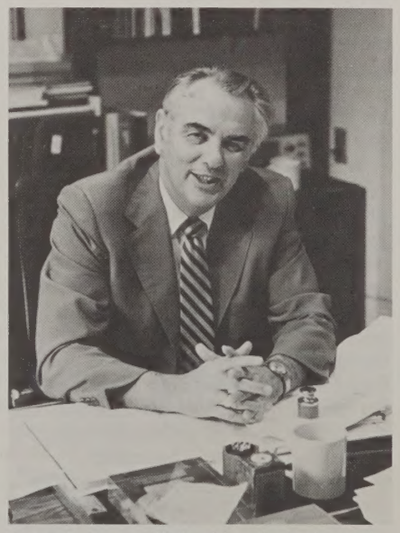
While most of the hospital's employees are asleep at home, Anderson is busy at the Deaconess, keeping track of the operation of essential machinery, such as laboratory and air conditioning equipment, through a monitor located in the Maintenance office. He responds to calls from the nursing staff about equipment problems in the patient units, and regularly checks out the machinery rooms. When things are quiet, Anderson engraves signs for use throughout the hospital.

Over the years he has dealt with emergencies from major power outages to broken steam and water pipes. A common problem, he notes, is people getting stuck in elevators. "It can be serious if it's a patient," he says. "If the elevator's close to a floor, I can get the door open and let them out. Otherwise I have to call the repair company."

Now that more people work at the Deaconess, Anderson is not so alone on the night shift. "The labs and pharmacy used to just have people on call, but now they work nights too."

The Deaconess, says Anderson, is "like a home."

Mary Hennessey began her Deaconess career 25 years ago as a clerk typist. Today she is assistant manager in the credit and collections area of Patient Service. "When I started," she says, "all the billing was completely manual and a bill of $700



Hospital director Richard Lee looks forward to the Deaconess's future growth.

Polly Cofield (right) who is responsible for building services in Kennedy Hall and the Diabetes Treatment unit, chats with School of Nursing receptionist Adeline Gosse.

was considered big. Today we're practically 100 percent automated, and a bill can easily run over $70,000."

Hennessey has taken an active role in the department's changes over the years. "In the process of automation, we tried out various systems, piece by piece. One of the biggest changes was the combination of the admitting, billing, and credit functions into one Patient Service department, which was a new concept at the time. I did a little of everything during the transition."

Working with patients, Hennessey says, has always been her top priority, "being able to assist them in their financial situation and suggesting other sources of help. I enjoy people."

Hospital director Richard Lee came to the Deaconess as controller 25 years ago and was subsequently an assistant and associate director before assuming responsibility for the day-to-day operation of the hospital in 1967.

Lee says that the size of the hospital and the advances in medical technology are the major changes he has seen. "We thought the Deaconess was big then, but now we have three times as many people. Back then there were very few electronic gadgets to help take care of patients."

However, the personality of the hospital, the warm and caring atmosphere has not changed, he says, "although we have to work much harder to keep the hospital more personal."

Working at the Deaconess has been "a great experience," says Lee. "I've always enjoyed what I've been doing and had a good feeling saying I was from the Deaconess. I always get a positive response that is very gratifying. I think the future for our hospital is even more exciting than the past. The pace of our developments and accomplishments will increase. It should be a lot of fun."

Platelet bank marks 25th year

Throughout its history, New England Deaconess Hospital has made significant contributions to the advancement of medical science. NEDH was the first hospital in New England to administer insulin as a treatment for diabetes. The Cancer Research Institute was the first facility in New England devoted to the study of cancer and cancer detection; and the hospital's intraoperative radiotherapy unit was the first in the United States installed in a standard surgical suite.

This year marks the 25th anniversary of another important achievement. In 1959, the Deaconess became the first hospital in the nation to have a bank of blood platelets ready for immediate transfusion — largely the result of blood research performed by James L. Tullis, M.D., former chairman of the Department of Medicine.

Human blood is composed of three types of cells — red cells, white cells, and platelets — suspended in a fluid called plasma. Red cells carry oxygen; white cells fight infection; and platelets are responsible for clotting and hemostasis (keeping the blood inside the vessels). People with some diseases, such as leukemia, bone marrow or blood disorders, or those undergoing certain types of chemotherapy treatment, frequently have problems with platelet number or function. As a result, these people may suffer from bleeding abnormalities, and require numerous platelet transfusions to bring the hemostatic function back to normal.

Before Tullis' research began, it was not possible to transfuse platelets alone. A patient had to receive a whole blood transfusion, getting red and white blood cells along with the needed platelets. Tullis was asked by the late E.J. Cohn, M.D., a Harvard researcher, to head the new cellular division of his labs in an effort to find ways to separate blood into its several components and then to preserve them.

Tullis says, "We knew blood fractionation would have two very important benefits. It would make available certain products, like platelets, that could not otherwise be obtained. And, by reserving specific blood components for the clinical conditions in which they are most needed, it would avoid the waste involved in whole blood transfusion."

Tullis and his associates devised a centrifugal machine to divide blood into its component parts. The separation is performed in a sterile, continuous-flow, closed system. First, the blood goes into a centrifuge bowl where red and white cells are separated out. The remaining plasma continues to be centrifuged, and a platelet-rich concentrate is collected in a small plastic bag. These methods served as the basis for most of the commercial equipment now available for blood separation.

Says Tullis, "Before we came up with this method of fractionation, trying to separate blood cells was a very messy, complicated process — and not always successful."

The Deaconess physician and his research team discovered also that platelets — then considered too fragile to be preserved outside the body — could be preserved for long periods in a protein-containing gelatin. This discovery enabled the Deaconess, in 1959, to have a ready bank of platelets.

Walter Dzik, M.D., director of the NEDH Blood Bank, says, "Many of the kinds of modern-day procedures we perform here — open heart surgery, liver transplantation, and cancer treatment — result in a lowered platelet count and potentially severe bleeding problems. If we didn't have platelets ready for transfusion, we wouldn't be able to help these patients overcome those problems. Frankly, we wouldn't be able to do the kinds of procedures we do."

Platelets, however, are very small, and a unit of whole blood contains only one tablespoon of platelets. Tullis says, "Because they constitute such a small volume of blood, platelets from 10 or more donors must be pooled together in order to have enough for an effective transfusion. That was one of the reasons we developed platelet pheresis, which also was pioneered here at the Deaconess."

Platelet pheresis allows the collection of large numbers of platelets from a single donor. This is accomplished by a pheresis machine, which collects the blood from the donor, removes and retains the platelets, and returns the rest of the blood. Not only does pheresis make it easier to obtain a sufficient number of platelets, but it reduces the risk of transmissable diseases like hepatitis. In addition, the process helps decrease the possibility of sensitization. Says Tullis, "There are certain tissue specificities in platelets, and if a patient is given the platelets of 10 different donors every day for two weeks, there is a chance that the patient will become resistant to the platelets, and not gain any benefit from them."

For those patients requiring only short-term platelet transfusion — such as in the acute recovery phase immediately following surgery — platelets are taken from the Blood Bank's own supply or are obtained from the Red Cross. For patients needing long-term transfusions, it is better to enlist a single donor, preferably a family member, and perform platelet pheresis consistently over the entire period.

Tullis says, "Pheresing a donor frequently for long periods of time really has no noticeable effect. Platelets have such a short life span [five days], that they reproduce very rapidly. Red blood cells, on the other hand, have a life span of 120 days. It takes much longer to replenish the red blood cell supply in a donor."

The method of removing and transfusing platelets now is a routine procedure at the Deaconess. Dzik says, "There has been a dramatic growth in the use of platelet transfusions recently. It used to be that the number of whole blood cell transfusions was much greater than the number of platelet transfusions. But in 1983, 15,000 units of red cells were transfused at the Deaconess, and 10,000 platelet units. And as we perform more and more complicated types of surgery, and provide more intense forms of cancer treatment, that number is going to continue to rise."

NEDH in the news

Deaconess personnel in the news during the past several months include:

- Steven Goldring, M.D., chief of rheumatology, participated in the "Arthritis Informathon" on the Lifetime national cable station.
- Howard Goldstein, M.D., internal medicine, discussed diabetes on a call-in talk show on radio station WTTP in Natick.
- Roger Jenkins, M.D., head of the liver transplant unit, spoke on liver transplantation on "Straight Talk," an issues-oriented talk show, broadcast on WOR, a New York television station that is carried on cable television systems throughout the Northeast.
- Jenkins, liver transplant patient Marva Bergeron, and Farr 7 nurses Diane Hickcox, R.N., and Denise Morin, R.N., were featured in coverage of Bergeron's discharge from NEDH by Boston newspapers and radio and television stations.
- Peter Maggs, M.D., thoracic surgeon, appeared in a program on smoking on the Channel 4 talk show "People Are Talking."
- Charles Trey, M.D., chief of gastroenterology, was interviewed regarding liver disease on the Channel 5 program "Sunday Open House." Trey also was a guest on a WRKO radio talk show.

Nurses Barbara Shawcross, R.N. (center), and Diane Gallo, R.N. (right), consult with a spectral staff member on Farr 7. The Halloween visitor was constructed by Patty Thompson, R.N.

news in brief

Jane Beaulieu, R.N., B.S.N., staff education, published an article on caring for patients undergoing percutaneous transhepatic biliary drainage in *Oncology Nursing Forum.*

Murray M. Bern, M.D., chief of hematology, presented a paper on endothelial cells in diabetes to the International Society of Hematology in Buenos Aires, Argentina.

George L. Blackburn, M.D., director of the Nutrition Support Service, has received a research grant from the National Heart, Lung, & Blood Institute for a randomized trial of diets for obese hypertensive patients.

Stuart J. Brink, M.D., endocrinologist, was elected national chairperson of the council on youth of the American Diabetes Association (ADA). At the annual ADA scientific session, Brink organized and chaired a special session on risk factors and complications of insulin-dependent diabetes.

Blake Cady, M.D., surgical oncologist, received a National Cancer Institute grant for a study of surgical oncology research programs. At the International Conference on Head and Neck Cancer, Cady moderated a panel discussion of thyroid cancer.

Peter Campisano, Ph.D., associate director, and **Miles Shore, M.D.,** chief of psychiatry, spoke at a health care administrators' conference on the psychology of leadership, held at the Deaconess.

Mary Christie, R.D., M.S., clinical dietitian/gastroenterology, spoke on nutritional intervention to the local chapters of the National Foundation for Ileitis and Colitis, the American Liver Foundation, and the National Ostomy Association.

F. Henry Ellis, M.D., chief of cardiothoracic surgery, spoke on surgical management of carcinoma of the esophagus and cardia at the Royal College of Medicine and Surgery of Canada and presented a paper on esophagogastrectomy for cancer at the Uniformed Services University of the Health Sciences in Bethesda, Maryland.

Suzanne D. Holloran, R.N., coordinator of staff development in Nursing, and **Diane Leonard, R.N.,** staff nurse, made a presentation on teaching diabetic patients to the nursing staff at Portsmouth (N.H.) Hospital.

Ann Hurley, R.N. (on educational leave from Nursing), spoke on the reuse of disposable insulin syringes at the Phyllis Vehonick Nursing Research Course in Washington, D.C.

Roger L. Jenkins, M.D., head of the liver transplant unit, spoke on liver transplantation and organ donation to the New England Chapter of the American Liver Foundation.

Daniel Miller, M.D., chief of otolaryngology, moderated a panel on new treatment methods at the International Conference on Head and Neck Cancer.

Robert C. Moellering Jr., M.D., chairman of the department of Medicine, was visiting professor at Hadassah University Hospital in Jerusalem. Moellering also chaired a two-day course on recent developments in infectious disease, held in San Francisco, where **Adolph W. Karchmer, M.D.,** chief of infectious disease, gave a lecture on osteomyelitis and septic arthritis.

Anthony P. Monaco, M.D., scientific director of the Cancer Research Institute (CRI) was elected president of the International Transplantation Society; and **Mary Wood,** CRI senior research associate, was elected secretary of the society. At the society's world congress in Minneapolis, Monaco spoke on kidney transplantation, including the use of donor bone marrow to suppress rejection; Wood gave a paper on the effect of blood transfusions to induce unresponsiveness to tissue grafts; **James Gozzo, Ph.D.,** CRI associate member, spoke on fetal skin graft survival; **Peter Madras, M.D.,** surgeon and CRI associate member, and **Maryann Simpson, Ph.D.,** CRI research fellow, gave a paper on detecting kidney graft rejection; and **Takashi Maki, M.D., Ph.D.,** CRI associate member, spoke on isolating suppressor cell factor to prevent graft rejection.

James L. Tullis, M.D., hematologist, took part in a National Institutes of Health Consensus Development Conference on fresh frozen plasma in Bethesda, Maryland.

NEDH benefit rescheduled

"Keys of the Copley," a benefit for New England Deaconess Hospital, has been rescheduled for Sunday, December 9, from 5 to 8 p.m. The program will include the Copley Plaza's four resident pianists — Boston's top jazz pianist Dave McKenna, boogie-woogie expert Sammy Price, light classical pianist Joel Morz, and show tune specialist Neal Olmstead — in concert in the Oval Room.

Tickets for the benefit — which includes a champagne and hors d'oeuvres reception, cash bar, and cabaret seating for the concert — are $50 per person. For further information, call the NEDH External Resources Department at (617) 732-8007.

Moving? We'd like to know

Because the post office does not forward third-class mail, we need your help in keeping the PULSE list accurate. If you are moving, please inform the NEDH Public Relations Department, 185 Pilgrim Road, Boston, Massachusetts 02215, (617) 732-8046. It would be helpful if you could send your PULSE address label. NEDH employees should inform their supervisors of changes of address.

Deaconess craftsmen

(see page 1)

Cabinetmaker Carl Kelso heats and bends a strip of formica.

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